

# ELPA Initial Screening Student Record Sheet

Use a separate Student Record Sheet for each student that you assess.

<b>1</b>	DISTRICT NAME	CODE	SCHOOL NAME	CODE	IF IN U.S. LESS THAN 1 YEAR, ENTER ENROLLMENT DATE (MM/DD/YY)	
STUDENT LAST NAME			STUDENT FIRST NAME		MI	DATE OF BIRTH (MM/DD/YY)

**BOX 1: Demographic Data**  
 Ethnicity codes are shown below.  
 1: American Indian or Alaskan Native  
 2: Asian or Pacific Islander  
 3: Black, not of Hispanic origin  
 4: Hispanic  
 5: White, not of Hispanic origin  
 6: Multiracial



2		ASSESSMENT SCORES																
<b>3L</b> ▶	ASSESSMENT LEVEL I			ASSESSMENT LEVEL I			ASSESSMENT LEVEL II			ASSESSMENT LEVEL III			ASSESSMENT LEVEL IV			ASSESSMENT LEVEL V		
	GRADE LEVEL (check box)			GRADE LEVEL (check box)			GRADE LEVEL (check box)			GRADE LEVEL (check box)			GRADE LEVEL (check box)			GRADE LEVEL (check box)		
	K			1			2    3			4    5    6			7    8    9			10    11    12		
<b>4L</b> ▶	SECTION	Raw Score		SECTION	Raw Score		SECTION	Raw Score		SECTION	Raw Score		SECTION	Raw Score		SECTION	Raw Score	
	LISTENING			LISTENING			LISTENING			LISTENING			LISTENING			LISTENING		
	SPEAKING			READING			READING			READING			READING			READING		
				WRITING			WRITING			WRITING			WRITING			WRITING		
				SPEAKING			SPEAKING			SPEAKING			SPEAKING			SPEAKING		
<b>3S</b> ▶	ASSESSMENT LEVEL I			ASSESSMENT LEVEL II			ASSESSMENT LEVEL III			ASSESSMENT LEVEL IV			ASSESSMENT LEVEL V					
	GRADE LEVEL (check box)			GRADE LEVEL (check box)			GRADE LEVEL (check box)			GRADE LEVEL (check box)			GRADE LEVEL (check box)					
	K			1    2			3    4    5			6    7    8			9    10    11    12					
<b>4S</b> ▶	SECTION	Raw Score		SECTION	Raw Score		SECTION	Raw Score		SECTION	Raw Score		SECTION	Raw Score		SECTION	Raw Score	
	LISTENING			LISTENING			LISTENING			LISTENING			LISTENING			LISTENING		
				READING			READING			READING			READING			READING		
				WRITING			WRITING			WRITING			WRITING			WRITING		
				SPEAKING			SPEAKING			SPEAKING			SPEAKING			SPEAKING		

<b>5</b>	ASSESSMENT ADMINISTRATOR OR PROCTOR	SIGNATURE	DATE
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<b>6</b>	CONTACT PHONE NUMBER	CONTACT E-MAIL ADDRESS	<b>7</b>	NAME OF PERSON COMPLETING FORM (IF DIFFERENT FROM ROW 7)
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